

Cost Proposal Table (Proposers to complete and submit this .XLS file available on the State's OCR website.)

Services	Contract Reference*	Fees (per unit noted in next column)						Unit	Anticipated Participation
		CY 2011	CY 2012	CY 2013	CY 2014	CY 2015			
General fee**	All components not otherwise referenced below	\$0.99	\$0.99	\$1.01	\$1.03	\$1.05	Per member per month	275,000 members (estimated)	
Nurse advice line	A.10.	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	Per member per month	275,000 members (estimated)	
Lifestyle Management***									
Tobacco cessation	A.7.r.	\$7.33	\$7.33	\$7.48	\$7.63	\$7.78	Per active participant per month	†	
Weight management	A.7.r.	\$7.33	\$7.33	\$7.48	\$7.63	\$7.78	Per active participant per month	†	
High cholesterol	A.7.r.	\$7.33	\$7.33	\$7.48	\$7.63	\$7.78	Per active participant per month	†	
Hypertension	A.7.r.	\$7.33	\$7.33	\$7.48	\$7.63	\$7.78	Per active participant per month	†	
Disease Management***									
Chronic obstructive pulmonary disease (COPD)	A.7.s.	\$24.62	\$24.62	\$25.11	\$25.61	\$26.13	Per active participant per month	†	
Coronary artery disease (CAD)	A.7.s.	\$24.58	\$24.58	\$25.07	\$25.57	\$26.08	Per active participant per month	†	

Asthma	A.7.s.	\$24.55	\$24.55	\$25.04	\$25.54	\$26.05	Per <u>active participant</u> per month	†
Diabetes	A.7.s.	\$24.58	\$24.58	\$25.07	\$25.57	\$26.08	Per <u>active participant</u> per month	†
Congestive heart failure (CHF)	A.7.s.	\$24.51	\$24.51	\$25.00	\$25.50	\$26.01	Per <u>active participant</u> per month	†
Musculoskeletal issues	A.7.s.	\$24.55	\$24.55	\$25.04	\$25.54	\$26.05	Per <u>active participant</u> per month	†
Depression	A.7.s.	\$24.58	\$24.58	\$25.07	\$25.57	\$26.08	Per <u>active participant</u> per month	†
Morbid obesity/bariatric surgery	A.7.s.	\$25.21	\$25.21	\$25.71	\$26.23	\$26.75	Per <u>active participant</u> per month	†
Case Management								
High-risk pregnancy screening and related case management	A.6.c, A.7.t.1	\$40.19	\$40.19	\$40.99	\$41.81	\$42.65	Per <u>active participant</u> per month	†
Case management (all other conditions)	A.7.t.	\$40.19	\$40.19	\$40.99	\$41.81	\$42.65	Per <u>active participant</u> per month	†
Other Components								
Onsite health screenings (default rate)	A.3.g.	\$43	\$43	\$43.86	\$44.74	\$45.63	Per individual onsite screening	†
Onsite health screenings (with less than 50 participants)	A.3.g.	\$43	\$43	\$43.86	\$44.74	\$45.63	Per individual onsite screening	400 individual onsite screenings (estimated)
At-home screening kits	A.3.i.	\$43	\$43	\$43.86	\$44.74	\$45.63	Per individual home kit health screening	50 home kit health screenings (estimated)

Lab-based screenings (optional)	A.3.j	n/a	n/a	n/a	n/a	n/a	Per individual lab-based screening	†
Paper-based health questionnaire	A.4.c.	\$19.75	\$19.75	\$20.15	\$20.55	\$20.96	Per individual paper-based health	5,000 paper-based health questionnaires (estimated)

* These contract references are for illustrative purposes only and may not include all sections in the Contract that may mention the line-item function in contract.

** This general fee is a per member per month (PMPM) fee for all residual services and deliverables required under the terms of this Contract and which specifically and separately identified elsewhere in the table. Such residual services include but are not limited to the online health questionnaire, wellness scoring/risk assessment algorithm, website, general member services, general member education and outreach, quality assurance, coordination and collaboration, administrative services, and information systems.

***While the State is requesting rates for lifestyle management, disease management, and case management, the Contractor shall propose these as included in all other rates except the General Fee. The Contractor shall neither condition its rate structure on the implementation of any specific program(s), nor bid that the rates are contingent or in any way dependent upon the implementation of such program(s). The State is under no obligation to implement a lifestyle management, disease management or case management programs listed above during the term of this Contract. The State may elect to offer three lifestyle management programs, five disease management programs, and case management under the rate in this Contract -- but it is under no obligation to implement the remaining lifestyle management program or disease management programs.

† Before proposal evaluation begins, the RFP Coordinator shall record the above-referenced, predefined, but undisclosed estimated annual participation (recorded as w_n in the formula below) and weight for each year (recorded as y_n in the formula below), place them in a sealed envelope, and file that seal envelope with the Department of Finance and Administration, Office of Contracts Review. See calculation of Total Score below for additional information.

Calculation of a Proposer's Evaluation Cost Amount

Line-Item Cost for General Fee =

$$[(\text{General fee}_{2011} * y_1) + (\text{General fee}_{2012} * y_2) + (\text{General fee}_{2013} * y_3) + (\text{General fee}_{2014} * y_4) + (\text{General fee}_{2015} * y_5)] * w_1$$

where:

y_1, y_2, y_3, y_4, y_5 = discrete, predefined weight for each year (e.g., y_1 is the weight for 2011, y_2 is the weight for 2012, etc.)

$w_1, w_2, w_3, \dots w_{21}$ = discrete, predefined estimated annual participation for each line function (e.g., w_1 is the estimated annual participation for general fee, w_2 is the estimated annual participation for nurse advice line, etc.)

and

Evaluation Cost Amount =

(Line-Item Cost for General Fee + Line-Item Cost for Nurse Advice Line + ... + Line-Item Cost for Paper-based health questionnaire) / 5

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